

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE REVOLUTION IN FRENCH HOSPITALS

(Continued from page 450)

THE horrible condition of the Hôtel Dieu in Paris at the time of the French Revolution must not be taken as typical of all French hospitals, any more than the condition of Bellevue and Blockley Hospitals at home before trained nursing was established should be regarded as the state of all American hospitals. Many hospitals in the large provincial towns were well managed, and no doubt even the Hôtel Dieu had had its better days. Certainly, there must have been times when the sisters performed heroic labors, for we read that Cardinal Vitry, in speaking of this hospital, after admiring the fortitude of the nuns, who, he said, suffered without repugnance and even with joy, the fetid exhalations, excretions, and infections of the sick,—so insupportable to all others that it seemed to him no other form of penitence could be compared to this martyrdom,—goes on to say: “No one who has seen the Religious Sisters of the Hôtel Dieu not only dress wounds, wash their patients, and make their beds, but also in cold winter weather *break the ice* on the river Seine and stand knee-deep in the water to wash the filthy hospital clothes, can regard them as other than holy victims who, by excess of love and charity for their neighbors, hasten willingly to the death which awaits them among the six thousand sick of the great hospital.”

Whether this picture be overdrawn or not we cannot tell. If not, then we can only be grateful for modern machinery, and echo the words of the Cardinal. Surely, for us to criticise the work of such women were the height of comfortable insolence.

It is consoling to know that, in the time of St. Louis at least, the hospital owned some farms where the sisters were sometimes sent—let us hope for recuperation. One gets an interesting glimpse of the way the nursing nuns were trained at the beginning of the seventeenth century in the life of Mère Geneviève Bougier, who entered the Hôtel Dieu at the age of twenty-two, and did so much to improve the service that she was called the “Reformer of the House.” She found the custom, existing in the nursing service of each old sister taking charge of a group

of young probationers or novices, whom she trained up in her own way, and with whom she lived in a rather detached and individualistic fashion. Mère Bougier did not approve of this plan, which we can easily imagine would have produced the same results as if all our head nurses to-day were to personally take entire charge of their assistants without any regard to the unity of the hospital, and she introduced a common rule of life for the whole household. Her aim was to secure novices of good ability and energy, and she could not bear to hear a nurse excuse herself from work by reason of prayers or fatigue from prayers. She used to say that the care of the sick should be their whole austerity, and that a day well spent was one well filled with work.

During an epidemic of the plague she was removed from her position as mistress of novices in the Hôtel Dieu to manage the hospital where the victims of the pest were received, and the improvements which she made in this service included a water-tank and an arrangement for drying clothes, as well as an altar. Though the details are meagre, there seems no reason for doubting that she was an earlier Florence Nightingale. Returned to the Hôtel Dieu, in charge of the drug-supply, she made up "prescriptions that they had never had before," and, finally, had charge of the lying-in department before being made prioress. She died in 1665.

In spite of the distinguished ability of such women as this, the general average of nursing work remained low, and the benumbing effect of masculine control and interference in affairs belonging peculiarly to women was then, as now, to blame for most of the lack of progress. And then, as now, there were always certain men who understood this and who pointed out the mistakes in masculine management. A French encyclopædia published in 1764, in an article on nursing says, in speaking of military hospitals:

"Why should we not substitute women nurses for men in the military hospitals? Not hospitals sisters, but women of the people? They could be taught to give excellent service and the men could be returned to the land, to business, etc. More than this, a new line of employment would be opened for numbers of women among those now vainly seeking employment. This most important and most neglected point merits the serious attention of government."

The same article describes the nursing profession as follows:

"This occupation is as important for human beings as its functions are low and repugnant. All persons are not adapted to it, and the heads of hospitals ought to be difficult to please in choosing applicants, as the life of patients may depend upon their character and actions. Nurses should be patient, mild, compassionate; they should console the sick, foresee their needs, and relieve their tedium. The domestic duties of

nurses are: to light the ward fires and keep them burning; to carry and distribute food, broths, and drink; to accompany the surgeons and doctors on their rounds, and to remove all dressings, etc., afterwards; to sweep the halls and keep everything clean; to wash the wards and the persons of the sick, their belongings, etc.; to empty all vessels, fetch and exchange the linen of patients; to prevent noise, quarrelling, and everything which may cause trouble; to warn the chiefs of everything that is wrong; to carry the dead and to prepare them for burial; to light the lamps in the evening; to visit the sick during the night, and, finally, to watch them continually, giving them every aid which their state requires, and treating them with kindness and consideration."

This programme, coupled with the remark about the choice of applicants, shows that, even with sisters in charge of the wards, the actual nursing duties were assigned to these servant-nurses, who had to combine so much hard manual labor with their nursing that it followed inevitably only a rough class of persons could be induced to assume such positions.

There seems no room whatever for doubt that the deplorable state of the nursing in the hospitals of Paris (leaving others out of the question) during the last two centuries was the inevitable and logical result of men's mismanagement of women's work and their unmodified control of the women workers. On the one hand, the clergy interfered continually with the nursing work of the sisters, forbidding to them all manner of necessary practical details, thus reducing their efficiency and bringing about the identical deterioration against which St. Vincent de Paul had warned them. On the other hand, the lay authorities, offering a grade of pay and a manner of housing and treatment which could only attract the poorest grade of workers, kept these workers in a wretched condition, and could make no improvements because they did not know what to improve. Yet in spite of this two-fold repression, an occasional instance of rare capacity and devotion to duty was found among the lay nurses, as in the case of Mademoiselle Bottard, who, having entered one of the great city hospitals in 1841, at the age of nineteen, spent sixty years in the care of nervous, insane, and epileptic patients, and by her devotion and calm, gentle serenity won the love and gratitude of her patients and the respect of the medical staff. Also, we know from the records of Miss Nightingale's life that in visiting French hospitals she found the sisters admirable housekeepers and administrators, devoted to their work as they saw it and possessing many gracious nursing arts.

It is pleasant to know that Mademoiselle Bottard's life of service has been recognized. In 1891, the fiftieth anniversary of her hospital work, a meeting in her honor was held in the Salpêtrière Hospital, where she lived, at which medical and civic authorities vied to do her honor. Eulogies were pronounced and she was decorated with several medals

and orders. The director of the hospital read a poem, which he had himself composed, doing honor to her venerable and noble personality, and the French Academy has recently given her a prize of three thousand francs in recognition of her lifelong devotion.

Nevertheless, in spite of admirable exceptions, French nursing was on a low plane. An English physician, writing in 1888 to the *British Medical Journal*, makes comment as follows:

"The nuns who had charge of the Paris hospitals were never nurses in the sense in which that title is now everywhere understood and in the sense in which it has so long been interpreted in England. They were ward managers, housekeepers, kind and often affectionate superintendents. . . . But of the actual duties of nursing and surgical dressings they had rarely even an elementary notion; they were not instructed in them, nor did they pay the slightest efficient attention to the way in which they were carried out by the ward attendants. These latter were very frequently unskilled and of a very low order of morality and intelligence. . . . The nursing of the Paris hospitals in past days was, in fact, a byword among nations."

(To be continued.)

MISS HARRIET A. VATAN, a graduate of the Royal Infirmary, Edinburgh, now engaged in nursing for the Scottish Medical Missions in the ancient city of Hebron, Palestine, sends some interesting details of her work which are given us by the kindness of Miss Van Cleft, New York. At present the cases treated are entirely out-patients or dispensary cases. Before long they hope to have a little hospital of from six to ten beds. Money is urgently needed to extend the work, and the cost of a bed patient is so pathetically small (two hundred dollars a year to support a bed and one hundred dollars to support a cot) that it would seem as if there should be many generous persons ready and glad to give it.

Miss Vatan writes:

"For many weeks a poor peasant woman from a village two-days' journey from here came to have her face dressed. Each day she said to me, 'Allah Yansûr Dênîk' ('God give victory to your religion'). After a while she stopped saying it and I thought perhaps she had at first believed me to be a Moslem and now had discovered that I was only a Christian! So I laughingly said to her, 'Jammam' (calling her by her name), 'you have stopped saying to me, "Allah Yansûr Dênîk."' She looked up into my face and said: 'But your religion is victorious. What other religion would do to us what you are doing?'"



HEBRON—PATIENTS, NURSE, AND DOCTOR



ENTRANCE TO MISSION BUILDINGS, HEBRON



HEBRON—PATIENTS AND NURSE

ITEMS

IN reading the journals of other countries we must feel profound gratitude that we have in America no *midwife* question to distract us. With the exception of the midwives belonging to foreign colonies in our large cities, we may say we have no midwives, and even our foreign colonies, in the second or third generation, learn to have a doctor, and, if necessary, a district nurse. True, the proportion of midwives which we have are not trained as they should be, and Boards of Health and public officials have a certain amount of trouble over this question, but we cannot be thankful enough that midwifery has never been made a complication in *nursing* education.

Anything like the confusion, chaos worse confounded, uncertainty, contradiction, toil, and trouble which this complication introduces into the nursing questions of other countries simply cannot be described. Pages and pages are written year in and year out, of controversy, explanations, propositions, and counter-propositions about midwifery and the status of the midwife.

In every country but our own, apparently, there is a certain proportion of educated gentlewomen, often trained nurses, who have the midwifery training. Then there is always a large proportion of uneducated and ordinary midwives. It is probable that our large number of women physicians have made the midwife unnecessary, and it is well that it is so. One may attribute not a little of the unity in American nursing affairs to the absence of this fruitful source of contention.

A CORRESPONDENT writing to *Nursing Notes* from Japan speaks of the superintendent of nurses (a Japanese lady) in the hospital where she had a case as having been trained in a "Chicago hospital." It is pleasant to think that we are having some share in the progress of Japanese nursing.

THE two Australian nursing journals, *Una*, the organ of the association in Victoria, and the *Australasian Nurses' Journal*, the organ of the association of the same name, are both of beautiful appearance, the latter in a deep Peruvian red cover, and *Una* dark green, with a winged victory on a black ground. They are both most interesting and readable, containing articles of general value and of local color. Both pay a great deal of very serious attention to the educational question and practical methods of improving the general and professional standard in nursing. In fact, in every nursing journal in the world

at present the same questions are being discussed and precisely the same difficulties are being noted, a fact which shows that we are all animated by the same purpose although our methods may vary, and which should make us all most sympathetic and open-minded towards one another.

THE city of Berlin has a remarkably complete system of provision for first aid, both medical and surgical—not gratuitous, but for moderate payment.

There are, first, in different parts of the city twenty-two “Unfallstationen.” These are clean, good, appropriately furnished suites of two or three rooms each, with a couple of beds, every surgical or medical appliance and restorative, dressing- or bandaging-room, and physician with attendant on duty night and day. Persons suddenly taken ill or injured are brought to one of these stations, from whence they may be sent home or to hospital as the case requires. All through the streets one sees lamp-posts with transparencies which at night are lit, telling where the nearest accident station is.

There is also a central office of the Berliner Rettungs-Gesellschaft, which has twenty-four branches, mostly in hospitals, and through any one of these “Sanitätswachen” medical aid may be called night or day, and, also, information can be had as to which hospitals have empty beds and which are the proper hospitals for cases in question to be sent to, etc.

Twenty-one police stations, mostly in outlying districts, and all of the fire-departments have medical and surgical chests ready for first aid, with outfit of drugs, bandages, etc., and there are stretchers in eighteen police stations. City market houses all have a “Sanitäts Stube,” or first aid room. On the other hand, the ambulance system is not so well developed abroad as at home.

